

State Board of Cosmetology Examiners
402 W. Washington Street, Room W072
Indianapolis, IN 46204
(317) 234-3031

APPLICATION FOR ISSUANCE OF LICENSE

*** DO NOT USE THIS FORM IF YOU SAT FOR THE COSMETOLOGIST, MANICURIST, OR ESTHETICIAN EXAMINATION AFTER MARCH 21, 2006.**

Instructions: 1) Use this form to apply for license upon passing the examination.
2) Print or type all information.
3) Return completed form and license fee to the address above. Incomplete forms will be returned to you without processing.

License Fees: \$40.00 (If you are a reciprocity applicant, see the reciprocity fee below)
\$100.00 for reciprocity applicants

Examination applicants check one: ☐ *Cosmetologist ☐ *Manicurist ☐ *Esthetician
☐ Electrologist ☐ Instructor ☐ Shampoo Operator

Reciprocity applicants check one: ☐ Reciprocity Manicurist
☐ Reciprocity Esthetician
☐ Reciprocity Instructor

Examination Date: _____

Name: _____

Street Address: _____

City State: _____ **Zip:** _____

Social Security No. _____ -- _____ -- _____

Daytime Telephone Number () _____ - _____

☐ Check here if this address is different from the address you have on file with the agency.

Check the status of your license issuance on our website, www.in.gov/pla using the weblookup function on our homepage.